

Promising research and methodological approaches for health behavior research with homeless persons

By: Donna J. Biederman and [Elizabeth W. Lindsey](#)

Biederman, D. J., & Lindsey, E.W. (2014). Promising research and methodological approaches for health behavior research with homeless persons. *Journal of Social Distress and Homelessness*, 23(2), 105–108.

This is an Accepted Manuscript of an article published by Taylor & Francis in Journal of Social Distress and Homelessness on September 1, 2014, available online:
<http://www.tandfonline.com/10.1179/1573658X14Y.0000000008>.

Abstract:

High-risk health behaviors have high prevalence among homeless persons prompting substantial research on health behavior and behavior change strategies within the population. Previously, much of this research focused solely on the target behavior without consideration of contextual factors that may contribute to the behavior or that may inhibit behavior change. We describe three overlapping trends in homeless health behavior research – longitudinal, qualitative, and participatory – which consider the link between the context of homelessness and health behavior. These approaches contribute to the understanding of the social determinants of health behavior and health and demonstrate opportunities for intervention beyond the individual level.

Keywords: homeless persons | health behavior | context | social determinants

Article:

Homeless persons suffer from poor health (Schanzer, Dominguez, Shrout, & Caton, [11]) and homelessness has been shown to be an independent risk factor for death (Morrison, [8]). However, a causal relationship between homelessness and morbidity (Hwang, [4]) or mortality (Metraux, Eng, Bainbridge, & Culhane, [7]) has been difficult to substantiate. High-risk health behaviors (e.g. poor diet, smoking, substance abuse, risky sexual behavior) have high prevalence among homeless persons and are precursors to or may exacerbate existing health conditions. As a result, there has been substantial research on health behavior and behavior change strategies for homeless people.

A quarter century ago, Becker ([1]) noted that health promotion interventions often focus on health behaviors rather than the social context in which those behaviors arise, and boldly labeled this tendency as 'tyranny'. Becker made specific recommendations for the field of health promotion that included a call for a focus on the social and economic determinants of health

rather than trying to identify both the cause and cure of ill health in the individual. Shortly thereafter, McLeroy, Bibeau, Steckler, and Glanz ([6]) proposed an ecological model for health promotion that focused on social determinants of health behavior offering multiple avenues for health promotion program intervention. In the past decade, ecological models have evolved to include more levels of influence on health behavior and health, associations between levels, and models for implementation (Richard, Gauvin, & Raine, [10]). As like earlier versions, contemporary ecological models continue to demonstrate opportunities for multilevel interventions.

The trend of focusing research on individual behaviors rather than environmental factors that may give rise to those behaviors has been noted specifically in the homeless community. In a highly regarded and influential article, Snow, Anderson, and Koegel ([12]) argued that conventional research often divorces behavior from the context in which it arises; the focus of intervention becomes pathology which tends to 'medicalize' homelessness and creates an "illusion of [homeless population] homogeneity" (p. 468). Thus, homelessness is viewed as a set of abnormal behaviors or a disease in need of treatment rather than a social and political matter (Snow et al., [12]). To mitigate this issue, Snow et al. ([12]) called for future research to be longitudinal, include the context of homeless people's lives, and be participatory.

Recent contributions to health behavior research with homeless persons suggest the appeal of Snow et al. ([12]) is being realized. Longitudinal, qualitative, and participatory studies (singly or in combination) have been utilized to illustrate the context of homelessness and how homelessness shapes health behavior. Several such studies are briefly described in the following paragraphs. These studies offer a framework to demonstrate how design, method, and methodology can emphasize context and may illustrate opportunity for multiple avenues of intervention when viewed through a socio-ecological lens.

Longitudinal studies provide an opportunity to assess health and health behaviors in conjunction with housing status over time. For instance, Dickson-Gomez et al. ([2]) investigated drug use and HIV-risk behavior in the context of multiple housing arrangements. Participants reported the most drug use and high-risk HIV behavior while living on the streets and, in part, related this to a high drug use environment and depression. Reasons given for drug use and high-risk HIV behavior in other housing arrangements included hopelessness, stress, and high level of exposure to drug use (shelters), conforming to household norms (doubled-up), and ability to control environment (housed). More recently, Hwang et al. ([5]) reported methodology and participant characteristics from a study investigating housing transitions, risk factors and resources associated with those transitions, and the relationship between changes in housing status and mental and physical health determinants and health. These studies illuminate the potential for multilevel strategies for health behavior intervention within various shelter and housing arrangements while simultaneously building a case for needed changes in housing policy.

Qualitative studies can add depth to the understanding of health behaviors by exploring health behavior, and opportunities for behavior change strategies, within a given context.

Okuyemi et al. ([9]) investigated the smoking habits of homeless persons in a cross-sectional qualitative study using focus group methodology. Reasons given for smoking included the wide use and acceptance of smoking among homeless persons, boredom, and stress. Many smokers indicated their desire to quit smoking within the upcoming 6 months and were open to both pharmacotherapy and behavioral intervention. As this study suggests, an ecological approach would offer multiple intervention points with homeless people to facilitate health behavior change rather than strictly focusing on smoking at the individual level. Interpersonal processes (e.g. peer support) and community factors (e.g. decreasing idle time by offering activities at sites frequented by homeless people) coupled with pharmacotherapy could be investigated in regards to sustained smoking abstinence.

Participatory research approaches engage individuals as co-creators of knowledge through research initiatives and health promotion intervention development. Photovoice, a guided process by which participants identify and examine issues of relevance to their lives by taking representative photographs and dialoguing on the concerns that emerge and potential solutions, is sometimes used in participatory research with homeless persons. In a Photovoice project with a focus on the social determinants of health, Halifax, Yurichuk, Meeks, and Khandor ([3]) illustrated how homelessness contributes to living conditions and behaviors that portend mental and physical health issues. Valera, Gallin, Schuk, and Davis ([13]) conducted a Photovoice project with homeless women in New York; their photos illustrate that healthy food is expensive, often beyond the means of the participants, and that the living situations of homeless or marginally housed people often do not allow for food storage or preparation. As both of these studies suggest, a change in context may result in significant health behavior change.

Conclusions

Research that focuses on high-risk health behavior without consideration of how context contributes to such behavior may serve to reinforce negative stereotypes of homeless persons and create the false impression of a homogeneous population in need of treatment. Recent research with homeless persons have included designs that are longitudinal and include health behavior in context, qualitative methods that elicited why homeless persons engage in specific negative health behaviors and illuminated multiple avenues for intervention, and participatory studies demonstrating the need of context change for behavior change. These studies suggest potential avenues for intervention beyond the individual, commensurate with an ecological perspective of health promotion, which is a key tenet of public health. Continuing this trend is a positive step in moving research with homeless persons to focus on the social determinants of both health and health behavior.

Disclaimer statements

Contributors DB conceptualized an earlier draft of this paper and, with the assistance of EL, re-conceptualized and revised multiple drafts culminating in this paper. EL provided significant detailed feedback, helped to re-conceptualize the paper, and offered extensive guidance and feedback on multiple drafts.

Funding None.

Conflicts of interest None.

Ethics approval This is a short note paper and does not report results from original clinical research.

Notes on contributor

Correspondence to: Donna J. Biederman, Duke University School of Nursing, 307 Trent Drive, DUMC 3322, Durham, NC 27710, USA. Email: donna.biederman@duke.edu.

References

- Becker, M. H. (1986). The tyranny of health promotion. *Public Health Review*, 14, 15–25.
- Dickson-Gomez, J., Hilario, H., Convey, M., Corbett, M., Weeks, M., & Martinez, M. (2009). The relationship between housing status and HIV risk among active drug users: A qualitative analysis. *Substance Use and Misuse*, 44, 139–162. doi:10.1080/10826080802344823
- Halifax, N. V., Yurichuk, F., Meeks, J., & Khandor, E. (2008). Photovoice in a Toronto community partnership: Exploring the social determinants of health with homeless people. *Progress in Community Health Partnerships: Research, Education, and Action*, 2(2), 129–136. doi:10.1353/cpr.0.0015
- Hwang, S. W. (2002). Is homelessness hazardous to your health? Obstacles to the demonstration of a causal relationship. *Canadian Journal of Public Health*, 93(6), 407–410.
- Hwang, S.W., Aubry, T., Palepu, A., Farrell, S., Nisenbaum, R., Hubley, A.M., & Chambers, C. (2011). The health and housing in transition study: A longitudinal study of the health of homeless and vulnerably housed adults in three Canadian cities. *International Journal of Public Health*, 56, 609–623. doi:10.1007/s00038-011-0283-3
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351–377.
- Metraux, S., Eng, N., Bainbridge, J., & Culhane, D. P. (2011). The impact of shelter use and housing placement on mortality hazard for unaccompanied adults and adults in family households entering New York City shelters 1990–2002. *Journal of Urban Health*:

Bulletin of the New York Academy of Medicine, 88(6), 1091–1104.
doi:10.1007/s11524-011-9602-5

Morrison, D. S. (2009). Homelessness as an independent risk factor for mortality: Results from a retrospective cohort study. *International Journal of Epidemiology*, 38, 877–883.
doi:10.1093/ije/dyp160

Okuyemi, K. S., Caldwell, A. R., Thomas, J. L., Born, W., Richter, K. P., Nollen, N., & Ahluwalia, J. S. (2006). Homelessness and smoking cessation: Insights from focus groups. *Nicotine Tobacco Research*, 8(2), 287–296. doi:10.1080/14622200500494971

Richard, L., Gauvin, L., & Raine, K. (2011). Ecological models revisited: Their uses and evolution in health promotion over two decades. *Annual Review of Public Health*, 32, 307–326. doi:10.1146/annurev-publhealth-031210-101141

Schanzer, B., Dominguez, B., Shrout, P. E., & Caton, C. L. M. (2007). Homelessness, health status, and health care use. *American Journal of Public Health*, 97, 464–469.
doi:10.2105/AJPH.2005.076190

Snow, D. A., Anderson, L., & Koegel, P. (1994). Distorting tendencies in research on the homeless. *American Behavioral Scientist*, 37, 461–475.
doi:10.1177/0002764294037004004

Valera, P., Gallin, J., Schuk, D., & Davis, N. (2009). “Trying to eat healthy”: A Photovoice study about women’s access to healthy food in New York City. *Affilia*, 24, 300–314.
doi:10.1177/0886109909337378